

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number _____ Filing Date _____	
							Applicant(s) <b>RENTMEESTER, P. C. ET AL.</b>	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.							
2		1						
3		1						
4		3						
5		4						
6	Ind.							
7		6						
8		6						
9		8						
10		9						
11		10						
12	Ind.							
13		12						
14		13						
15	Ind.							
16		15						
17		16						
18	Ind.							
19		18						
20		19						
21		20						
22	Ind.							
23		22						
24	Ind.							
25		24						
26		25						
27		26						
28		27						
29	Ind.							
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31		29						
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35	Ind.							
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39	Ind.							
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Total Indep	10							
Total Depend	30							
Total Claims	40							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

3690 U.S. PTO  
 09/738089  
 12/15/00

# CLAIMS ONLY

SERIAL NO.

09738089

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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21	1					
22		1				
23	<del>1</del>	<del>1</del>				
24	1	<del>1</del>				
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TOTAL IND.	10					
TOTAL DEP.	30					
TOTAL CLAIMS	40					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS